

# Waiver Eligibility

Recipients must meet all of the following criteria:

- Be an eligible client of DDA per RCW 71A.10.020(5).
- Have a disability according to criteria established in the Social Security Act.
- Apply for long-term care services/Medicaid and have verified income that does not exceed 300% of the SSI federal benefit standard.
  - If a child, parent’s income and resources are not considered
  - If an adult living with a spouse, the spouse’s income and resources are not considered.
- Have resources less than \$2,000 or be in the Apple Health for Workers with Disabilities (HWD) program.
- Meets the level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) as determined by the DDA assessment.
- A Person-Centered Service Plan (PCSP) shows how health, safety, and habilitation needs can be met in the community with a monthly waiver service and/or monthly monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.
- For Community Protection only, one must also:
  - Be age 18 or older; and
  - Meet eligibility criteria in WAC 388-831-0030

# Access to a Waiver

A person may request enrollment on a waiver or a different waiver at any time. Ask a Case/Resource Manager (CRM). If a person does not have a CRM, contact a local No-Paid Service line listed under Regional Offices or submit the request on-line at [www.dshs.wa.gov/dda/service-and-information-request](http://www.dshs.wa.gov/dda/service-and-information-request).

Meeting service criteria for the waiver does not guarantee access to waiver services. Each waiver is limited on the number of people who can be served. DDA has the authority to limit enrollment based on the availability of funding for new waiver participants.

# Administrative Hearing Rights

All individuals have the right to an administrative hearing with the following decisions regardless of program or service:

- DDA-eligibility is denied, terminated or DDA unreasonably delayed acting on application; or
- Type or amount of service authorized ; or
- Denial, reduction, or service termination s; or
- Denial of choice of service provider; or
- If a person is moved to a different residential setting, not of their choice; or
- DDA refusal to abide by a request not to send notices to any other person; or
- Disenrollment from a waiver program; or
- Denial of a request to receive ICF/IID services instead of waiver services; or
- DDA determines the services available on a person’s current waiver can meet health and welfare needs and they disagree; or
- A person is assessed to not need ICF/IID level of care; or
- An individual is assessed to not meet CIIBS eligibility.



Visit us online at:  
[dshs.wa.gov/dda/service-and-information-request](http://dshs.wa.gov/dda/service-and-information-request)

Find an office at:  
[dshs.wa.gov/office-locations](http://dshs.wa.gov/office-locations)

Call us:

Counties	Phone and Email
Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens	(800) 319-7116 R1ServiceRequestA@dshs.wa.gov
Adams, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima	(866) 715-3646 R1ServiceRequestB@dshs.wa.gov
Island, San Juan, Skagit, Snohomish, Whatcom	(800) 567-5582 R2ServiceRequestA@dshs.wa.gov
King	(800) 974-4428 R2ServiceRequestB@dshs.wa.gov
Kitsap, Pierce	(800) 735-6740 R3ServiceRequestA@dshs.wa.gov
Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum	(888) 707-1202 R3ServiceRequestB@dshs.wa.gov

People needing support with hearing or communication can call the Washington Telecommunication Relay Service by dialing 7-1-1 or 1-800-833-6388 (TTY).

# Community Protection Waiver

From the  
Developmental  
Disabilities  
Administration



# Waiver Overview

Washington State’s Developmental Disabilities Administration (DDA) offers five Home and Community-Based Service (HCBS) Medicaid Waiver programs. Each waiver offers specific services to meet individual health and safety needs in the community, rather than in an institution. The Community Protection waiver offers a variety of services when they are not available elsewhere (private insurance, Medicaid, school, etc.).

**Community Protection (CP) Waiver** offers therapeutic residential supports for individuals assessed to require 24-hour, on-site staff supervision to ensure the safety of others. Participants voluntarily agree to follow the Community Protection guidelines. Individuals served are age 18 and older.

If an individual’s assessed need for services exceeds services provided under the CP waiver, DDA will make one or more of the following efforts to meet health and welfare needs:

- Identify more available natural supports;
- Initiate an exception to rule to access available non-waiver services not included in the CP waiver other than natural supports;
- Provide the opportunity to apply for an alternative waiver with the services needed;
- Offer placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

If none of the above options meet the health and welfare needs, DDA may terminate waiver eligibility. If terminated from a waiver, persons may still be eligible for other non-waiver DDA services.

# Waiver Services

Use this brochure to plan for annual assessments. A Case Resource Manager (CRM) will explain services and requirements, and document services selected in the Person-Centered Service Plan (PCSP). Some services require review and approval. A CRM knows what information is needed for prior approval. Services in four categories with *waiver & age limits* include:

- **Community services** – promote client participation in the community
- **Professional services** – supports provided by contracted professionals
- **Caregiving services** – supports for participants and their caregivers
- **Goods and services** – equipment, supplies and specialized services for participants

*Use check boxes to show the CRM which services are of interest:*

## Community Services

- ☐ **Residential habilitation** – assistance to learn, improve, or retain the social skills necessary for living in the community.
- ☐ **Supported employment** – intensive, ongoing supports to obtain and sustain employment. 21+
- ☐ **Transportation** – reimbursement to a provider for non-medical transportation required to access waiver services specified in a PCSP.

## Professional Services

- ☐ **Behavioral health stabilization services** – services to assist when someone experiences a behavioral health crisis. This includes positive behavior support and consultation, specialized psychiatric services and crisis diversion bed services.
- ☐ **Behavioral health stabilization services – crisis diversion bed services** – temporary residential and behavioral services for persons at risk of mental-functioning decline and psychiatric hospitalization.
- ☐ **Positive behavior support and consultation** – supports that address behavioral health needs. These include direct interventions to promote behaviors that improve quality of life and inclusion in the community.
- ☐ **Risk assessment** – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- ☐ **Specialized Psychiatric Services** – Psychiatric services specific to the needs of individuals with a developmental disability. 21+
- ☐ **Staff/family consultation and training** – professional training and consultation to family and direct service providers to better meet an individual's needs.
- ☐ **Therapies** – occupational, physical and speech, language and hearing services beyond those provided by Medicaid (Apple Health). 21+

## Caregiving Services

- ☐ **Skilled nursing** – Chronic, long-term, nursing services to address needs not met through Medicaid (Apple Care). 21+

## Goods and Services

- ☐ **Bed bug extermination** – Treatment for bed bugs in the home.
- ☐ **Environmental adaptations** – physical modification to the home necessary for a person to continue living in the community.
- ☐ **Specialized medical equipment and supplies** – medically-necessary equipment and supplies not available under Medicaid (Apple Care).

